

Change in Company's premium or rate level produced by rate revision effective 07/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Medical Malpractice</u>	<u>303,238</u>	<u>+50.0</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

no

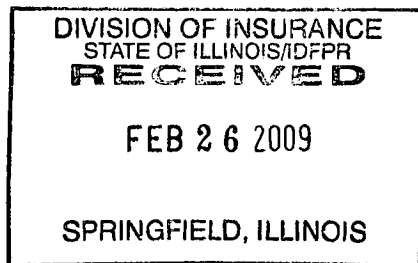
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are filing a rate reduction for our independently filed Chiropractors Professional Liability program. Our intention is to increase base rates by fifty percent. To support this filing we have provided a rate indication package.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

H29219D



ACE American Insurance Company  
Name of Company

Robert Reilly, Vice President  
Official - Title

FILING# 09-MR-2008219

**ILLINOIS SUMMARY SHEET**

**FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective: 3-1-09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other: Medical Malpractice	\$32,479,411 estimated	(-)1.5%
Line of Insurance		

Does filing only apply to certain territory (territories or certain classes? If so, specify: N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization):

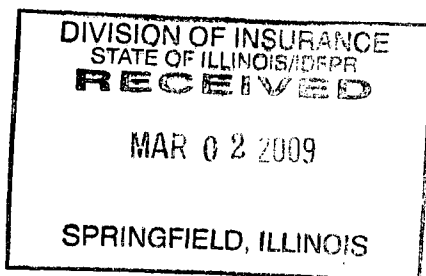
\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

American Physicians Assurance Corporation

Name of Company

*Patty Edgington*  
Patty Edgington, Compliance Manager



FILING# IL-2009-01